Complete if Known tute for form 1449/PTO Application Number 10/602,185 ed 04/2003) Filing Date June 23, 2003 First Named Inventor Nause INFORMATION DISCLOSURE Group Art Unit 1765 STATEMENT BY APPLICANT (Use as many sheets as necessary) Examiner Name Hiteshew Sheet of Attorney Docket Number 046361/265059 U. S. PATENT DOCUMENTS Document Number Examiner Cite **Publication Date** Name of Patentee or Pages, Columns, Lines, Where Initials\* No. Number - Kind Code (if known) MM-DD-YYYY Applicant of Cited Document Relevant Passages of Relevant Figures Appear FOREIGN PATENT DOCUMENTS Foreign Patent Document Pages, Columns, Lines, Examiner Cite English **Publication Date** Name of Patentee or Where Relevant Initials No. Language Country Code - Number Kind Code MM-DD-YYYY Applicant of Cited Passages or Relevant Translation (if known) Figures Appear Document Attached

		OTHER DOCUMENTS	
Examiner Cite Initials No.		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	
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